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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10010757-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of	f which is at	ttached hereto unless	the following box is c	hecked:		
( ) was filed or	n as US Application No. or PCT International Application					
Number		and was amended on (if applicable).				
I hereby state that including the claims	I have revi s, as amen	iewed and understoo ded by any amendme	d the contents of the nt(s) referred to abov oility as defined in 37 (	above-identifie e. I acknowled	d specification	
Foreign Application(s) a	nd/or Claim of	Foreign Priority				
inventor(s) certificate lis	sted below and	*	ates Code Section 119 of a any foreign application for aimed:	,		
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED L	INDER 35 U.S.C. 119	
				YES:	NO:	
				YES:	NO:	
Provisional Application	<del></del>		<del></del>			
hereby claim the bene- below:	fit under Title	35, United States Code Se	ection 119(e) of any United	States provisional	application(s) liste	
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J. S. Priority Claim	<u></u>		1			
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## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10010757-1

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	Inventor's Signature		Date			
	l //					
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	Inventor's Signature	0	D 6	118/01		
			Date			
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1000	Full Name of # 5 joint inventor	···		Citizenship:		
ei Profes	Residence:					
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	Full Name of # 6 joint invento	r:		Citizenship:		
	Residence:					
	Post Office Address:					
	Inventor's Signature		Date			
	Full Name of # 7 joint invento	r:		Citizenship:		
	Residence:					
	Post Office Address:					
	Inventor's Signature		Doto			
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	Full Name of # 8 joint invento	or:		Citizenship:		
	Residence:					
	Post Office Address:					
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